

Report Year:

2010

10366

St. Helena Hospital

St. Helena

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:

10366

Facility Name:

St. Helena Hospital

Address:

10 Woodland Road

City:

St. Helena

Hospital Owner/Licensee:

St. Helena Hospital

Year of Reporting:

2010

Contact 1 e-mail Address:

Contact 2 e-mail Address:

Contact 3 e-mail Address::

Name of Submitter:

Stan Tempchin

Submission Date:

1/25/2011 3:00:00 PM

Report Year:

2010

10366

St. Helena Hospital

St. Helena

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Report Status: **Data Last Update:** 01/10/2011

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Report Year:

2010

10366

St. Helena Hospital

St. Helena

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Report Status: **Data Last Update:** 01/10/2011

Submission Date: 01/25/2011

Print Date: 1/26/2011 8:38 AM

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 02

Building Name: Main Wing & Smoking Porch Addition

Type of Service Provided
☒ Nursing Inpatient Beds 93 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☒ Psychiatric
Nursing Inpatient Beds 37 Inpatient Days 0

☒ Obstetrical
Ante/Postprtum Inpatient Beds 9 Inpatient Days 0

☐ Intermediate
Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 139

☐ Surgical

☒ Obstetrical
Recovery

☐ Anesthesia

☒ Newborn/
WellBaby

☐ Clinical Lab

☒ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☒ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☒ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☒ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 03

Building Name: East Wing

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of inpatient beds and patient days per type of service per building per **Section 130061(c)(1)(F)**

Building Number: 06

Building Name: Health Center

Type of Service Provided
☐ Nursing Inpatient Beds 0 Inpatient Days 0

☐ IntensiveCare Inpatient Beds 0 Inpatient Days 0

☐ Pediatric/Adol
escent Inpatient Beds 0 Inpatient Days 0

☐ Psychiatric Nursing Inpatient Beds 0 Inpatient Days 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0 Inpatient Days 0

☐ Intermediate Care Inpatient Beds 0 Inpatient Days 0

☐ Skilled Nursing Inpatient Beds 0 Inpatient Days 0

Total Beds this Building 0

☐ Surgical

☐ Obstetrical Recovery

☐ Anesthesia

☐ Newborn/
WellBaby

☐ Clinical Lab

☐ Emergency

☐ Radiological/
Imaging

☐ Nuclear
Medicine

☐ Pharmaceutical

☐ Dietetic

☐ Rehabilitation
Therapy

☐ Administration

☐ Renal Dialysis

☐ Support
Services

☐ Outpatient
Surgery

☐ Obstetrical
Cesarean/Deliv

☐ Central Plant

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number:

02

Building Name:

Main Wing & Smoking Porch Addition

Medical / Surgical (Include GYN)Inpatient
Bed

93

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

37

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

9

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

139

**Total Beds this
Building Per
Service**

139

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 03

Building Name: East Wing

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

0

Total Beds this Building Per Service

0

Provide the number of Inpatient beds and patient days per type of unit per building per Section 130061(c)(1)(F)

Building Number: 06

Building Name: Health Center

Medical / Surgical (Include GYN)

Inpatient Bed 0 Inpatient Days 0

Acute Respiratory Care

Inpatient Bed 0 Inpatient Days 0

Acute Psychiatric

Inpatient Bed 0 Inpatient Days 0

Perinatal (exclude Newborn / GYN)

Inpatient Bed 0 Inpatient Days 0

Burn

Inpatient Bed 0 Inpatient Days 0

Skilled Nursing

Inpatient Bed 0 Inpatient Days 0

Pediatric

Inpatient Bed 0 Inpatient Days 0

intensive Care Newborn Nursery

Inpatient Bed 0 Inpatient Days 0

Intermediate Card

Inpatient Bed 0 Inpatient Days 0

Intensive Care

Inpatient Bed 0 Inpatient Days 0

Rehabilitation Center

Inpatient Bed 0 Inpatient Days 0

Int. Care / development Disabled

Inpatient Bed 0 Inpatient Days 0

Coronary Care

Inpatient Bed 0 Inpatient Days 0

Chemical Dependency

Inpatient Bed 0 Inpatient Days 0

Total Beds this Building Per Unit

0

Total Beds this Building Per Service

0

For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
02	Main Wing & Smoking Porch Addition	<input type="checkbox"/>
03	East Wing	<input type="checkbox"/>
04	Ancillary Wing & (ICCU Add 5th Flr)	<input type="checkbox"/>
05	Generator Building	<input type="checkbox"/>
06	Health Center	<input type="checkbox"/>

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St. Helena Hospital

St. Helena

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List ALL proposed new buildings to be constructd at this or another site.

Building
Number

Building Name

New
Site

N_1

New Patient Tower

☐

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

02

Building Name:

Main Wing & Smoking Porch Addition

Type of Service Provided

☒

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☒Psychiatric
Nursing☒Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☒

Pharmaceutical

☐

Dietetic

☒

Administration

☒Obstetrical
Cesarean/Deliv☒Obstetrical
Recovery☒Newborn/
WellBaby☒

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

03

Building Name:

East Wing

Type of Service Provided☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report any general acute care hospital inpatient service that is provided in any general acute care hospital building that is rated SPC-1 per [Section 130061\(c\)\(4\)](#)

Building Number:

06

Building Name:

Health Center

Type of Service Provided

☐

Nursing

☐

IntensiveCare

☐Pediatric/Adol
escent☐Psychiatric
Nursing☐Obstetrical
Ante/Postprtum☐Intermediate
Care☐

Skilled Nursing

☐

Surgical

☐

Anesthesia

☐

Clinical Lab

☐Radiological/
Imaging☐

Pharmaceutical

☐

Dietetic

☐

Administration

☐Obstetrical
Cesarean/Deliv☐Obstetrical
Recovery☐Newborn/
WellBaby☐

Emergency

☐Nuclear
Medicine☐Rehabilitation
Therapy☐

Renal Dialysis

☐Outpatient
Surgery☐

Central Plant

☐Support
Services

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

02

Building Name:

Main Wing & Smoking Porch Addition

Configuration
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided☒

Nursing

☐

Surgical

☒Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☒Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☒Newborn/
WellBaby☐Outpatient
Surgery☒Psychiatric
Nursing☐Radiological/
Imaging☒

Emergency

☐

Central Plant

☒Obstetrical
Ante/Postprtum☒

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☒

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

03

Building Name:

East Wing

Configuration
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Dietetic

☐

Skilled Nursing

☐

Administration

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

04

Building Name:

Ancillary Wing & (ICCU Add 5th Flr)

Configuration
:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☒

Surgical

☒Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☒

IntensiveCare

☒

Anesthesia

☐Obstetrical
Recovery☒

Renal Dialysis

☐Pediatric/Adol
escent☒

Clinical Lab

☐Newborn/
WellBaby☒Outpatient
Surgery☐Psychiatric
Nursing☒Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☒

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☒

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

05

Building Name:

Generator Building

Configuration
:

Retrofit Non-Conforming building to SPC 5 and NPC 4 or NPC 5

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Pharmaceutical

☐

Nuclear Medicine

☒Support
Services☐Intermediate
Care☐

Dietetic

☐☐

Administration

☐

Skilled Nursing

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general acute care hospital building per [Section 130061\(c\)\(5\)](#)

Building Number:

06

Building Name:

Health Center

Configuration
:

Replace with new SPC 5 and NPC 4 or NPC 5 building

Type of Service Provided☐

Nursing

☐

Surgical

☐Obstetrical
Cesarean/Deliv☐Rehabilitation
Therapy☐

IntensiveCare

☐

Anesthesia

☐Obstetrical
Recovery☐

Renal Dialysis

☐Pediatric/Adol
escent☐

Clinical Lab

☐Newborn/
WellBaby☐Outpatient
Surgery☐Psychiatric
Nursing☐Radiological/
Imaging☐

Pharmaceutical

☐

Emergency

☐

Central Plant

☐Obstetrical
Ante/Postpartum☐

Dietetic

☐

Nuclear Medicine

☐Support
Services☐Intermediate
Care☐

Administration

☐

Skilled Nursing

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 04

Building Name: Ancillary Wing & (ICCU Add 5th Flr)

Type of Service Provided
☐ Nursing Inpatient Beds 0

☒ IntensiveCare Inpatient Beds 12

☐ Pediatric/Adol escent Inpatient Beds 0

☐ Psychiatric Nursing Inpatient Beds 0

☐ Obstetrical Ante/Postprtum Inpatient Beds 0

☐ Intermediate Care Inpatient Beds 0

☐ Skilled Nursing Inpatient Beds 0

Total Beds this Building 12

☒ Surgical

☒ Anesthesia

☒ Clinical Lab

☒ Radiological/ Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☒ Obstetrical Cesarean/Deliv

☐ Obstetrical Recovery

☐ Newborn/ WellBaby

☐ Emergency

☒ Nuclear Medicine

☐ Rehabilitation Therapy

☒ Renal Dialysis

☒ Outpatient Surgery

☒ Central Plant

☐ Support Services

Include information on the number of inpatient beds by type of Service provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number: 05

Building Name: Generator Building

Type of Service Provided
☐ Nursing Inpatient Beds 0

☐ IntensiveCare Inpatient Beds 0

☐ Pediatric/Adol
escent Inpatient Beds 0

☐ Psychiatric
Nursing Inpatient Beds 0

☐ Obstetrical
Ante/Postprtum Inpatient Beds 0

☐ Intermediate
Care Inpatient Beds 0

☐ Skilled Nursing
Inpatient Beds 0

 Total Beds this
Building 0

☐ Surgical

☐ Anesthesia

☐ Clinical Lab

☐ Radiological/
Imaging

☐ Pharmaceutical

☐ Dietetic

☐ Administration

☐ Obstetrical
Cesarean/Deliv

☐ Obstetrical
Recovery

☐ Newborn/
WellBaby

☐ Emergency

☐ Nuclear
Medicine

☐ Rehabilitation
Therapy

☐ Renal Dialysis

☐ Outpatient
Surgery

☒ Central Plant

☐ Support
Services

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

04

Building Name:

Ancillary Wing & (ICCU Add 5th Flr)

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

12

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

12

**Total Beds this
Building Per
Service**

0

Include information on the number of inpatient beds by type of unit provided by buildings that are classified as SPC-2, SPC-3, SPC-4, and SPC-5 per [Section 130061\(e\)](#)

Building Number:

05

Building Name:

Generator Building

Medical / Surgical (Include GYN)Inpatient
Bed

0

Inpatient
Days

0

Acute Respiratory CareInpatient
Bed

0

Inpatient
Days

0

Acute PsychiatricInpatient
Bed

0

Inpatient
Days

0

Perinatal (exclude Newborn / GYN)Inpatient
Bed

0

Inpatient
Days

0

BurnInpatient
Bed

0

Inpatient
Days

0

Skilled NursingInpatient
Bed

0

Inpatient
Days

0

PediatricInpatient
Bed

0

Inpatient
Days

0

**intensive Care Newborn
Nursery**Inpatient
Bed

0

Inpatient
Days

0

Intermediate CardInpatient
Bed

0

Inpatient
Days

0

Intensive CareInpatient
Bed

0

Inpatient
Days

0

**Rehabilitation
Center**Inpatient
Bed

0

Inpatient
Days

0

**Int. Care / development
Disabled**Inpatient
Bed

0

Inpatient
Days

0

Coronary CareInpatient
Bed

0

Inpatient
Days

0

**Chemical
Dependency**Inpatient
Bed

0

Inpatient
Days

0

**Total Beds this
Building Per
Unit**

0

**Total Beds this
Building Per
Service**

0